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AUTHOR	Powell, Ronald J.; And Others
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ABSTRACT

This report documents efforts to develop instruments for data-gathering and to train field staff in the use of the instruments, as part of a feasibility study designed to validate a conceptual framework that describes the elements of California's special education prereferral and alternative assessment procedures for ethno-linguistically diverse students at the elementary level. The conceptual framework identifies the prereferral intervention process as a multi-channel student flow system through which a student at risk who is experiencing problems with learning academic skills is reviewed and placed in one of the following six categories of program and/or placement modifications: (1) return the student to the originating mainstream teacher; (2) reassign the student to another classroom; (3) adjust environmental factors; (4) provide remedial instruction services; (5) provide ongoing support services; and (6) refer student directly for special education assessment and placement. It is hypothesized that the frequency with which students at risk are channeled into each of the six outcome categories is predicted by eight factors representing various demographic and individual student characteristics such as problem etiology and diagnosis, family and demographic characteristics, school climate and culture, and service availability. Ten original instruments were developed to gather data to test these hypotheses, and other existing instruments were incorporated into the instrumentation package. Copies of the forms are provided. (17 references) (JDD)

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THE IMPACT OF CALIFORNIA'S SPECIAL EDUCATION PRE-REFERRAL INTERVENTIONS AND ALTERNATIVE ASSESSMENTS ON ETHNO-LINGUISTICALLY DIVERSE STUDENTS

A Technical Report of the Feasibility Study

Phase I, Contract One

by

Ronald J. Powell

Kannanayakal Rajan

Donald B. Reed

Linda D. Scott

February, 1991

California Educational Research Cooperative

School of Education

University of California, Riverside

Douglas E. Mitchell and Donald G. MacMillan

Principal Investigators

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
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A Technical Report of the Feasibility Study

Introduction

A feasibility study has been cooperatively undertaken by the California State Department of Education, Special Education Division, and the California Educational Research Cooperative (CERC) at the University of California, Riverside. The purpose of the study is to validate a proposed conceptual framework that describes the elements of the special education pre-referral and alternative assessment procedures for ethno-linguistically diverse students at the elementary level (Boyer, 1987; Curtis & Meyers, 1988; Friend, 1988; Graden, 1989; Graden, Casey & Christenson, 1985; Idol, Paclucci, Whitcomb & Nevin, 1986; Knitzer, 1982; Phillips & McCullough, 1990; Will, 1986).

The research design for this feasibility study is composed of two parts, Phase I and Phase II. Phase I of the study addresses the impact of various demographic and individual student characteristics on the program decisions which result from the pre-referral intervention process. Phase II of the project will examine the level of agreement between alternative assessment practices and traditional assessment practices in establishing eligibility for special education programs for ethnic and linguistic minority students referred by the Child Study Team (CST) for special education assessment.

Phase I has been partitioned into two contracts. Contract One, which has been assigned to CERC, calls for form and instrument development and the training of researchers in the use of the forms and instruments. Contract Two stipulates the

collection of data through the use of forms and instruments developed for Contract One. This document reports on the research completed to develop instruments for data-gathering, and on the training of field staff in the use of the forms and instruments for Phase I, Contract One.

Purpose and Conceptual Framework

The conceptual framework which guides Phase I of the study identifies the pre-referral intervention process as a multi-channel student flow system through which a student at risk who is experiencing problems with learning academic skills is reviewed, and one of six categories of program and/or placement modifications is selected in order to ameliorate the effects of the identified academic learning problems (Chalfant, Pysh & Moultrie, 1979; Curtis & Zins, 1981; Graden et al., 1985; Idol-Maestas, 1983; Pugach & Johnson, 1989).

The six categories of program and/or placement modifications include: (1) return the student at risk to the mainstream teacher, (2) reassign the student at risk to another classroom, (3) adjust environmental factors, (4) provide remedial instruction services, (5) provide ongoing support services, and (6) refer student directly for special education assessment and placement.

It is hypothesized that the frequency with which students at risk are channeled into each of the six outcome categories is predicted by eight factors which represent various demographic and individual student characteristics. These eight clusters of variables include: (1) problem etiology and diagnosis, (2) family and demographic

characteristics, (3) professional ideology, (4) staff training and experience, (5) school climate and culture, (6) school organization, (7) school program design, and (8) service availability (see Appendix A).

Path analysis will be used to examine the relative impact of each of these eight factors on the six placement options of the pre-referral Child Study Team (Li, 1975).

Ten original instruments were developed for contract one, division one. Two instruments from the California State Department of Education and state forms for the California Basic Educational Data System (CBEDS) and California Assessment Program (CAP) score data reporting were incorporated into the instrumentation package. These instruments will be used to test the hypotheses presented in the following section.

Hypotheses

The forms and instruments attached to this report will organize field data collection and provide the means to test the following hypotheses (see Appendix B).

Hypothesis 1. Academic learning problems are more likely to receive prompt attention and are more likely to precipitate a student's direct referral to special education if they are accompanied by behavioral or other social/emotional factors.

Hypothesis 2. Ethno-linguistically diverse children are more likely to be diagnosed as having significant difficulties with learning and are more likely to be referred for special education.

Hypothesis 3. Ethno-linguistically diverse children with similarly diagnosed learning difficulties will receive predictably different service modifications, even after controlling for service availability at the school.

Hypothesis 4. Professional ideology plays a major role in controlling the frequency and nature of identified learning problems.

Hypothesis 5. Turbulent schools are less likely to identify learning problems, but they are more likely to refer identified problem learners for special education assessment and placement.

Hypothesis 6. Schools with strong reform-oriented principals are more likely to identify large numbers of problem learners but are less likely to refer them for special education assessment and placement.

Hypothesis 7. Schools serving higher socio-economic status neighborhoods are likely to identify fewer problem learners, but more likely to refer those who are identified for assessment and placement into special education programs.

Hypothesis 8. Schools with experienced and well-trained staffs are likely to have a larger variety of pre-referral options for students and to have a larger number of student service modifications.

Hypothesis 9. Schools with a strong parent participation component will be less likely to refer problem learners to special education.

Hypothesis 10. Schools perceived by parents as effective in terms of assistance to their children will be less likely to refer students to special education.

The Sample

As described in the proposal submitted to the U.S. Department of Education, the sample from which data will be collected is to include both ethno-linguistically diverse and non-ethno-linguistically diverse elementary-level students who are referred to the CST because of academic and behavioral problems in school.

A general narrative describing the process of form and instrument development and a brief description of each instrument is given in the next two sections of this report.

Instrument and Form Development Methodology

Instrument and form development team. A team for form and instrument development was assembled. It was composed of a group of experts with a variety of specializations. These specializations included social science theory, special education, organization theory, reading and language arts education, science education, educational administration, social science research methodology, quantitative data analysis, and desktop publishing. The overall form and instrument development was guided by the principal investigator; however, the details of the form and instrument development process were coordinated by a team member.

In addition to the development team, various consultants were identified and utilized in the form and instrument development process. Consultants were used to assist with in the translations of certain forms from English into the Spanish language at an appropriate reading level, to provide advice regarding the functionality of various forms and instruments for practical use in schools, and to review all instruments and

forms for their appropriateness of use with a variety of cultural and ethnic groups.

Criteria guiding form and instrument development. The development of the forms and instruments was collectively and individually achieved in several steps. Prior to the development of all forms and instruments, criteria were established to guide the development regarding the underlying conceptual framework, content, style and format, administration requirements, and response qualities and requirements. It was decided by the form and instrument development team that all forms and instruments should meet as closely as possible the following criteria.

(1) Conceptual Framework: All forms and instruments must be based on and consistent with the conceptual framework previously described. All forms and instruments must be designed to collect information to test each of the hypotheses formulated for this feasibility study.

(2) Content: The content of the forms and instruments must be consistent with their purposes and should request and supply information needed by both practitioners and researchers.

(3) Style and Format: All forms and instruments should have the same style and format. The style and format of the forms and instruments should lead respondents and researchers easily through the forms with few directions. Additionally, the data on completed forms and instruments should lend itself to electronic data entry. Completed forms and instruments should be able to be reviewed and stored efficiently.

Administration requirements. All forms and instruments should be self-explanatory, and the necessity for any verbal directions and/or training should be held to a minimum.

Response qualities and requirements. The self-response forms and instruments designed to collect data from practitioners and parents/guardians should be designed with close-ended responses. In addition, those forms and instruments developed for data collection by researchers should also contain closed-ended responses insofar as possible. In all cases, responses should be designed to ensure that data can be coded easily and entered into electronic data storage efficiently.

Steps in the Form and Instrument Development Process

The development of the individual forms and instruments was achieved in numerous steps. However, with respect to all forms and instruments, the following steps were taken. First, responsibilities for specific form and instrument development were assigned to individual team members based on their areas of specialization and experience. Second, the specific details regarding the specifications for each form and instrument were reviewed by each team member and discussed by the entire team. Third, where appropriate, similar forms and instruments currently used in school districts were collected and reviewed for content, style, and format. Fourth, when individual team members prepared initial and subsequent drafts of each form or instrument, all team members reviewed and critiqued the drafts in terms of the established criteria. Fifth, at critical points in the development of some forms and instruments, they were reviewed by practitioners for content, style, and utility. Sixth,

the final draft of each form or instrument was established when consensus of all team members and relevant consultants was reached regarding its satisfactory completion.

Description of Instruments

In this section, each form and instrument is described in terms of its purpose, type and parts. Specific directions are given with each form and instrument. These directions make explicit the processes for completing the form or instrument and indicate where the completed form or instrument will be housed.

Form A-1: Human Subjects Review Form. The Human Subjects Review Form provides information to the University of California. It describes the study and precautions taken to protect human subjects. The University of California, Riverside Human Subjects Review Committee will examine the procedural details of the project to ensure project compliance with state law. Approval to conduct the project will be granted by the university prior to the commencement of the project.

Form B-1: District/School Selection Criteria Form. The District/School Selection Criteria Form describes the selection criteria for each district/school being considered for inclusion in the study. The criteria include the ethno-linguistic characteristics of students, availability of pre-referral interventions, and utilization of alternative assessments. This form will be provided and completed by the California State Department of Education.

Form B-2: District Approval Form. The District Approval Form is a sample letter. The purpose of this letter is to obtain the written consent of school districts, indicating their willingness to participate in the study. This form will be made

available to school districts by the California State Department of Education. The completed and signed forms will be forwarded to the Department of Education by the participating school districts.

Form C-1: Parent/Guardian Permission Form. The Parent/Guardian Permission Form has two parts. The first part is a letter to parents/guardians which contains a short description of the purpose and importance of the study, and which requests permission for their child's participation in the study. The second part is the Parent/Guardian Permission Slip. The signed slip grants permission for the child to participate in the study. The Parent/Guardian Permission Slip will be returned to the school site. Both parts of the form have been translated into the Spanish language at an appropriate reading level.

Form C-2: Child Study Team Case Report Instrument. The Child Study Team Case Report Instrument is designed for three purposes. The first purpose is to collect information regarding the teacher's description of the child's problem. The second purpose is to collect the Child Study Team's (CST) recommendations for interventions, and the third purpose is to gather relevant research data. This instrument was developed in part from the Instructional Program Options and Support Services categories of a Pennsylvania Department of Education/University of Pittsburgh study (Zigmond & McCall, 1989). The original form will become part of the student's file, and the field investigator will file a duplicate copy in the research office.

Form C-3: Student Assessment Report Instrument. The Student Assessment Report Instrument will be used to gather information about students who are referred for assessment. There are five sections to this instrument. The first section solicits information on the assessing psychologist. The second section collects data on characteristics of alternative assessment practices used. The third section requires a report on findings from alternative assessments. The fourth section calls for a report on CST action based on assessment, and the fifth section collects data on reassessment procedures, including the results of WISC-R testing & Woodcock-Johnson testing. Sections relevant to the student, 2 through 5, will be kept in the student's file. The first section of the original form along with a copy of sections two through five will be filed in the research office by the field investigator.

Form D-1: School Site Descriptive Data Instrument. The School Site Descriptive Data Instrument has two parts. The first part requests CBEDS and CAP data on school staff, student performance, and student and staff demographics. Based on the match between data in this completed instrument and criteria established by the District/School Selection Criteria Form, the California State Department of Education will select districts/schools for possible inclusion in the study. This instrument will be made available and completed by the State Department of Education. The second part of the instrument provides a form for the systematic gathering of additional demographic data on school site teachers and staff and is included in this report. This instrument is to be completed by the field investigator and returned to the research office.

Form D-2: Teacher Views of School Operations & Climate Survey. The Teacher Views of School Operations and Climate survey is designed to collect data on teacher views of school program operations, availability and efficacy of pre-referral options, operations of the CST, and current systems of student assessment. The instrument was developed in part from the Kettering School Climate Profile (Johnson, Dixon & Robinson, 1987) and employed a theoretical construct proposed by William G. Spady and Douglas E. Mitchell (1977). The completed surveys will be returned to the research office.

Form D-3: Parent/Guardian Survey. The Parent/Guardian Survey is designed to collect data on parent perceptions of the quality of regular and special education services at their child's school, along with the parent's assessment of the child's learning problems. This survey has been translated into the Spanish language at an appropriate reading level. It will be sent to parents and guardians with the Parent/Guardian Permission Form. A procedure will be established at each school to ensure that all parent surveys as well as permission slips are accurately completed and returned to the school site.

Form E-1: School Case Report Instrument. The School Case Report Instrument provides a systematic means of recording the pre-referral status of all students, included and not included in the sample, who have been identified as problem learners and brought to the attention of the pre-referral and/or assessment systems in each sample school. This instrument will also provide for the documentation of ongoing

CST reviews of the students. The original will be maintained in the CST files, and copies will be filed in the research office.

Form E-2: Site Visit Observation Report Form. The Site Visit Observation Report Form will be used by the field investigator to systematically observe and report on school site activities related to an identified student. The form is organized into four categories of activity. These activities include, but are not limited to, student-teacher activities and interactions in the classroom, CST processes, school staff activities associated with CST processes, and parent activities associated with CST activities. The field investigator will return the form to the research office.

Form E-3: Interview Record Form. The Interview Record Form provides an interview protocol to be used by the field investigator to interview administrators, school staff, students and/or parents and guardians during visits to the sample school sites. The purpose of the protocol is to gather qualitative data on perceptions and attitudes toward site-specific pre-referral systems. Completed forms will be filed in the research office.

Training

The training process as outlined in Phase I, Contract One, was adjusted to focus training resources on a core field staff. The core staff was trained in the use of the forms and instruments, and data collection and analysis on the effects of pre-referral intervention processes, or referral for special education, for ethno-linguistically diverse students. The core staff consisted of Kannanayakal Rajan, CERC Research Fellow, Linda Scott, CERC Research Associate, and José Martinez and David Ragsdale of the

State Department of Education, Special Education Division. Training was completed in the CERC research office shortly after the instruments were developed, and on-site during the the field testing stage at two elementary school test sites in the Southern California area.

Summary

For Phase I, Contract One, of the feasibility study, ten original instruments were designed. These instruments measure the impact which various demographic and individual student characteristics have on the special education identification and pre-referral intervention procedures for ethno-linguistically diverse students at the elementary level, as well as subsequent outcomes. In addition, a core field staff was trained in the rationale and use of the forms and instruments for data collection.

The development of these instruments is based on a conceptual framework which identifies the pre-referral intervention process as a multi-channel student flow system consisting of six categories of program and /or placement modifications. It is hypothesized that eight factors which represent various demographic and individual student characteristics predict the frequency with which students at risk are channeled into each of the program or placement modifications.

Field Test

Upon completion of the forms and instruments, two elementary schools in the Southern California area consented to being a field test site for preliminary forms and instruments, and for an examination of the feasibility of using the forms and instruments in the school-based processes for identifying problem learners. In

addition, both school sites agreed to request that parents who attend Child Study Team meetings complete the Parent/Guardian Survey in the English and Spanish languages.

Based on the results of this field test information, several minor revisions were made to the forms and instruments. Furthermore, the results of the field testing strongly indicate that schools sites should be selected on the basis of their willingness to use the forms and instruments developed for this feasibility study, rather than those already in use at the school sites.

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Pre-referral Project
Letter to Parents

Dear Parent/Guardian:

The California State Department of Education is conducting a study of education programs in your child's school. This letter is to ask permission for your child to participate in this important study. Your cooperation will help us to learn how to better serve children throughout California.

Participation in the study will not disturb or change your child's education in any way. We will only be observing and recording information and will not contact your child directly.

We will gather information through: (1) a review of school records, (2) a survey of teachers and school staff, and (3) the Parent/Guardian Information Survey attached to this letter. All information about your child will be kept strictly confidential. You may review information about your child, if you wish.

If you are willing to have your child participate in this study, please complete the enclosed **Parent/Guardian Permission Slip** and the **Parent/Guardian Information Survey.** Please return the permission slip and the survey to the University of California, Riverside, as soon as possible. You may use the enclosed stamped, addressed envelope.

Thank you for your help. If you have any questions, please contact:

California Educational Research Cooperative (CERC)
School of Education
University of California
Riverside, CA 92521

(714) 787-3026

Sincerely,

Pre-referral Project

Parent/Guardian Permission Slip

I give my permission for my child, _____
(last name) (first name)
to be part of the study described in the attached letter. I agree to allow the study team to review my child's school records and to gather observation and survey information about him or her.

Parent/Guardian Signature_____

Date_____/_____/_____
(Month) (Day) (Year)

Please return the signed permission sheet with the completed parent/guardian survey in the enclosed envelope. Your assistance is greatly appreciated.

Carta de Permiso
a los Padres o Guardianes

Estimados Padres o Guardianes:

El Departamento de Educación del Estado de California está conduciendo un estudio sobre el programa educativo en la escuela de su estudiante. Esta carta es para pedir su consentimiento en la participación de su estudiante en éste estudio importante. Su cooperación nos ayudará a aprender como servir mejor a los estudiantes a través de todo el estado.

La participación en el estudio no molestará o cambiará en ninguna forma la educación de su estudiante. Sólo estaremos observando y anotando información; no tendremos contacto con su estudiante directamente.

Recogeremos nuestra información a través: (1) un repaso de los archivos de la escuela; (2) una encuesta a los maestros y personal, y, (3) la información suministrada por los padres o guardianes en el formulario anexado a esta carta. Toda la información recibida acerca del niño será estrictamente confidencial. Ustedes podrán revizar la información acerca de su estudiante sí así lo desean.

Si ustedes permiten que su estudiante participe en este estudio, por favor, completen la carta de **Permiso para Padres o Guardianes** y la **Encuesta Informativa de los Padres o Guardianes.** Por favor devuélvan el Permiso y la Encuesta incluídas a la escula de su estudiante tan pronto como les sea posible. Para su conveniencia les hemos incluído un sobre listo con dirección y estampillas.

Gracias por su ayuda y colaboración. Si tienen preguntas, por favor llamar a:

California Educational Research Cooperative (CERC)
School of Education
University of California
Riverside, CA 92521

(714) 787-3026

Su seguro servidor,

Carta de Permiso

A los Padres o Guardianes:

Doy permiso al estudiante_____
(Apellido) (Nombre)
para participar en el estudio explicado en la carta adjunta. Autorizo al equipo haciendo el estudio para que revice los archivos de la escuela del estudiante y reuna las observaciones y la información de la Encuesta acerca de él o ella. Recuerden que ésta información es completamente confidencial.

Firma del Padre o de la Madre o Guardian_____

Fecha_____
mes /día /año

Por favor devuelvan ésta forma firmada, y la encuesta completada en el sobre incluído. Su asistencia es de mucho valor.

CHILD STUDY TEAM CASE REPORT

(Pages 1-3 to be completed by Student's Teacher)

For office use only:

Date: __/__/__
Mo/ Day/ Yr
Code:_ _ _ _ _ _ _ _

Referred by: _____ **Date:** __/__/__
Mo Day Yr

Reason for referral: _____

Student's name _____
(Please print) Last First Middle Initial

Date of Birth ____/____/____ Age _____ Gender M __ F__ Grade _____
Mo Day Yr

School _____ District _____ Teacher _____

Parent/ Guardian _____ Phone _____ _____
Last First Middle Initial Home Work

Address _____
Street City State Zip Code

Student's Ethnicity (Check)

[ ] Native American	[ ] Cambodian	[ ] Samoan	[ ] Filipino
[ ] Korean	[ ] Laotian	[ ] Guamanian	[ ] Hispanic
[ ] Japanese	[ ] Asian Indian	[ ] Tahitian	[ ] Black
[ ] Chinese	[ ] Other Asian	[ ] Other Pacific Islander	[ ] White
[ ] Vietnamese	[ ] Hawaiian		[ ] Other ____

Primary language spoken in student's home _____ Primary language spoken by student _____

English Fluency: [ ] Fluent [ ] Low or no English proficiency LEP/NEP

Has student been previously referred to a Child Study Team ? [ ] No [ ] Yes - Date _____

Has student ever been retained ? [ ] No [ ] Yes - Grade _____

Has student ever received assistance in: [ ] Speech/Language [ ] Resource Specialist Program [ ] Special Class
[ ] Bilingual Class [ ] Counseling [ ] Chapter I [ ] Gifted and Talented Education

Health concerns _____ Wears glasses? [ ] No [ ] Yes

Most recent standardized test results: (percentiles / grade equivalents)

Test name _____ Form _____ Level _____ **Not Available** ____

Math
Concepts ___/___ Computation ___/___ Problem Solving ___/___ Total Math ___/___

Reading
Word Recognition ___/___ Comprehension ___/___ Total Reading ___/___

Language
Vocabulary ___/___ Spelling ___/___ Writing ___/___ Total Language ___/___

Do the test scores reflect student's current classroom performance? **Total Test Battery** ___/___

Math [ ] Yes [ ] No **Reading** [ ] Yes [ ] No] **Language** [ ] Yes [ ] No

Description of Student's Difficulties

Directions: (1) Check all items of concern under each of the eight area headings (Reading, Handwriting, etc.). (2) Using the concern level scale provided, circle a number from 1 to 6 in each area to indicate your overall degree of concern fro the student's problems.

1 Not Concerned	2 Slightly Concerned	3 Moderately Concerned	4 Concerned	5 Very Concerned	6 Critically Concerned

Reading [Concern Level: 1 2 3 4 5 6]

____ 1. Does not know alphabet
____ 2. Reversals/inversions (*d* for *b*, *u* for *n*, *was* for *saw*, *etc*)
____ 3. Poor sight recognition vocabulary
____ 4. Poor pronunciation of words
____ 5. Does not keep place on a page
____ 6. Moves head rather than eyes when reading
____ 7. Unable to break a word into syllables or into individual sounds
____ 8. Unable to recognize rhyming words
____ 9. Unable to combine parts of words into a whole word
____ 10. Refuses to read when asked
____ 11. Has a limited vocabulary
____ 12. Unable to understand prepositions (*under, beside, around, on,* etc)
____ 13. Does not get main idea
____ 14. Does not organize facts sequentially
____ 15. Does not understand relationship of supporting details
____ 16. Does not draw inferences from what is read
____ 17. Does not define new words from context
____ 18. Unable to scan for specific information

Handwriting [Concern Level: 1 2 3 4 5 6]

____ 19. Has not established a preferred hand
____ 20. Has difficulty with the physical task of handwriting
____ 21. Has difficulty in copying letters and graphics
____ 22. Does not space letters and words properly
____ 23 Reversals/inversions in written work
____ 24 Letters well formed but writing speed exceptionally slow
____ Other(s) _____
_____

Spelling [Concern Level: 1 2 3 4 5 6]

____ 25. Does not distinguish left and right
____ 26. Does not write own name
____ 27. Does not write dictated spelling words
____ 28. Has not developed a spelling vocabulary
____ 29. Does not recognize variant spellings
____ 30. Words contain all necessary letters but out of order.
____ 31. Spells word orally, but does not write it.
____ Other(s)_____
_____

Language/Speech [Concern Level: 1 2 3 4 5 6]

____ 32. Uses immature speech sounds
____ 33. Has difficulty relating an experience
____ 34. Has excessive repetition of sounds at beginning of words or 'blocks' on certain sounds
____ 35. Has a limited vocabulary
____ 36. Sentences are worded inappropriately
____ 37. Has 'unusual' conversational skills

Work Habits [Concern Level: 1 2 3 4 5 6]

____ 38. Does not follow directions
____ 39. Seldom completes work
____ 40. Paper work is excessively messy
____ 41. Is disorganized and inattentive
____ 42. Resists new learning tasks
____ 43. Demands a lot of teacher attention
____ 44. Attention span is limited
____ 45. Is easily distracted
____ 46. Has difficulty in remembering things

1 Not Concerned	2 Slightly Concerned	3 Moderately Concerned	4 Concerned	5 Very Concerned	6 Critically Concerned

Math [Concern Level: 1 2 3 4 5 6]

____ 47. Cannot count backwards from a specified number
____ 48. Has difficulty with addition/substraction
____ 49. Does not understand coin value
____ 50. Does not change money
____ 51. Does not know multiplication tables
____ 52. Does not do long division
____ 53. Does not multiply with decimals
____ 54. Does not divide with decimals
____ 55. Does not understand spatial concepts
____ 56. Does not group concrete objects
____ 57. Does not understand the concepts of weights, measurements, and time
____ 58. Does not understand whole/part relationships
____ 59. Does not understand concept of decimals
____ 60. Has difficulty with puzzles or abstract problem solving
____ 61. Unable to distinguish differences in shapes and sizes
____ 62. Unable to look at a group of objects and tell which has the greater amount
____ 63. Does not classify or organize things into simple categories
____ 64. Does not understand the concept of set
____ 65. Does not participate in math classwork
____ 66. Fails to complete math assignments

Behavior [Concern Level: 1 2 3 4 5 6]

____ 67. Uncommunicative, non-responsive
____ 68. Impulsive
____ 69. Aggressive
____ 70. Has poor relations with peers
____ 71. Does not establish good relationships with adults
____ 72. Frequently disobeys in a hostile or passive manner
____ 73. Resorts to temper tantrums to get own way
____ 74. Pouts or sulks often
____ 75. Is isolated and withdrawn, daydreams
____ 76. Shy and timid
____ 77. Talks out or shouts without permission
____ 78. Makes meaningless or animal noises
____ 79. Damages or destroys things
____ 80. Manipulates others into inappropriate behavior
____ 81. Appears tense or anxious
____ 82. Unexpected or inappropriate mood changes
____ 83. Generally unhappy or depressed
____ 84. Feelings are easily hurt
____ 85. Exaggerated sense of capabilities
____ 86. Cries easily and often
____ 87. Gives up easily
____ 88. Asks for help excessively
____ 89. Gets angry quickly
____ 90. Appears to be easily distracted
____ 91. Denies own actions
____ 92. Defiant
____ 93. Has great difficulty conforming to rules
____ 94. Blames others for actions
____ 95. Over-reacts to criticism and blame

Health/Physical [Concern Level: 1 2 3 4 5 6]

____ 96. Physically very large or small for age
____ 97. Prefers activities normal to younger children
____ 98. Is sick more than normal
____ 99. Is often sleepy
____ 100. Unusually poor attendance
____ 101. Poor personal hygiene
____ 102. Lacks average muscular strength to perform physical tasks
____ 103. Grades are poorer than apparent ability
____ 104. Always on the move
____ 105. Has difficulty with manuscript or cursive handwriting
____ 106. Does not follow a rhythm pattern
____ 107. Does not appear to have a dominant hand
____ 108. Walks or runs in a peculiar manner
____ 109. Does not accurately throw or catch a ball
____ 110. Trembles and shakes
____ 111. Rocks or rotates body excessively
____ 112. Inappropriate facial, hand, or body gestures when speaking
____ 113. Thrusts head forward or backward while looking at distant objects
____ 114. Places head close to book or desk when reading or writing
____ 115. Unable to copy words or numbers from the chalkboard
____ 116. Unable to discriminate between colors

Child Study Team Intervention Recommendations
(Pages 4-7 to be completed by Child Study Team)

STUDENT'S NAME:_____
(Please print) Last First Middle Initial

Of the interventions listed below, **check/write in the appropriate box** to indicate intervention(s) tried, success of intervention(s) and recommendations(s).

Interventions:	**What interventions were tried? (Date)**	**Was it successful? Yes/No**	**What is recommended and date of recommendation**
Special programs within the school			
1. Gifted/talented programs (GT)			
2. Remedial math program (RMP)			
3. Remedial reading program (RRP)			
4. Remedial writing program (RWP)			
5. Resource room instruction (RR)			
6. Social skills training program (SST)			
7. Special needs summer program(SUM)			
8. Students at-risk program (SAR)			
9. Study skills training program (ST)			
10. Survival skills training program(SV)			
11. Chapter I (CH.I)			

School Practices

12. Big brother/sister programs (BBS)			
13. Crisis intervention team (CIT)			
14. Exclusion from extra curricular activities (XXC)			
15. Grade retention (GR)			
16. In-school student advocate (ISA)			
17. In-school suspension (ISS)			
18. School attendance review board (SARB)			
19. Transfer to another class/teacher (TAC)			

STUDENT'S NAME:_____
(Please print) Last First Middle Initial

Interventions: Classroom alternatives within a school	What interventions were tried? (Date)	Was it Successful? Yes/No	What is recommended and date of recommendation
20. Classroom with reduced enrollment (RE)			
21. Flexible schedule (FS)			
22. Full-day kindergarten (FK)			
23. Pre-kindergarten (PK)			
24. Pre-first grade (PF)			
25. Special needs classroom (SNC)			

Classroom practices

26. Change of instruction group (CIG)			
27. Exclusion from non-curricular activities (XNC)			
28. Extra assignments (EA)			
29. Extra help outside of class (EHO)			
30. Instruction to sensitize student to special needs of others (ISN)			
31. Modification of environment (ME)			
32. Peer tutoring (PT)			
33. Reduction of grade (RG)			
34. Student-teacher conferences (STC)			
35. Student-teacher contracts (STC)			
36. Student-teacher-parent contracts (STPC)			
37. Teacher-parent contracts (TPCF)			
38. Team teaching (TT)			
39. Use of paraprofessionals (PAR)			
40. Use of volunteers/student teachers (VOL)			

School Alternatives

41. Transfer to another district (TOD)			
42. Transfer to another school within district (TID)			

STUDENT'S NAME:_____
(Please print) Last First Middle Initial

Interventions: Modified instructional practices	What interventions were tried? (Date)	Was it Successful? Yes/No	What is recommended and date of recommendation?
43. Adapted curricula (AC)			
44. Adapted materials (AM)			
45. Alternative means for demonstrating achievement and/or competency (ADA)			
46. Alternative testing techniques (ATT)			
47. Assessment of and accommodation to student's individual learning style (ILS)			
48. Behavior modification (BMO)			
49. Charting behavior/progress (CB)			
50. Computer-assisted instruction (CAI)			
51. Individual instruction (II)			
52. Multi-sensory approach (MSA)			
53. Opportunities for drill & practice (ODP)			
54. Small group instruction (SGI)			
55. Task analysis (TA)			
56. Use of learning aids (LA)			
57. Use of concrete materials (CM)			
58. Variety of grading systems (VGS)			

Services to students and/or parents

59. Bilingual services/instruction (BIL)			
60. ESL/LEP services/instruction (ESL)			
61. Evaluation/diagnostic services (EDS)			
62. Guidance counseling (GC)			
63. Nursing/health services (NHS)			
64. Interpreter (INT)			
65. Note taker (NT)			
66. Psychological counseling (PC)			
67. Social work counseling (SW)			
68. Speech therapy (SPT)			

STUDENT'S NAME:_____
(Please print) Last First Middle Initial

Interventions: Services to teacher	What interventions were tried? (Date)	Was it Success-ful? Yes/No	What is recommended and date of recommendation?
69. Child Study Team services (CST)			
70. Computer services (CS)			
71. Consultation with master teacher (MT)			
72. Consultation with other professionals (CP)			
73. In-service training (IST)			
74. Paraprofessional support (PPS)			
75. Provision for voluntary transfer (PVT)			
76. Referral process for students with learning or behavioral problems (RER)			
77. Student evaluation/diagnostic services (SEDS)			
78. Teacher assistance team (TAT)			
79. Teacher support group (TSG)			
80. Team planning (TP)			
81. Informal teacher support group (ITSG)			

Other interventions

82. Increase grade (IG)			
83.			
84.			

STUDENT'S NAME: _____
(Please print) Last First Middle Initial

CST Review date: ____ / ____ / ____
Mo Day Yr

CHILD STUDY TEAM PARTICIPANTS:

_____ Principal/ (Chairperson)	___/___/___ Mo Day Yr	_____ Classroom teacher(s)	___/___/___ Mo Day Yr
_____ Specialist(s)	___/___/___ Mo Day Yr	_____ Parent(s)	___/___/___ Mo Day Yr
_____ Other(s) (specify)	___/___/___ Mo Day Yr	_____ Other(s) (specify)	___/___/___ Mo Day Yr

Student Assessment Report

All information is to be kept strictly confidential and the form returned to the CERC office.

For office use only:
Date: __ / __ / __ (Mo Day Yr)
Code: _____

A. Information on Assessing Psychologist

Directions: The field investigator will complete Part (A) of this form by conducting a single interview with the assessing psychologist.

Psychologist's Name (Please print)	Last	First	Middle Initial
Date of Birth ___ / ___ / ___ (Mo / Day / Yr)	Gender M __ F __		
Credential(s) and date awarded	Multiple Subject [ ] ____ _____ (Mo / Yr) Secondary [ ] ____ _____ (Mo / Yr) Administrative [ ] ____ _____ (Mo / Yr) Other:_____ [ ] ____ _____ (Mo / Yr)		
Degrees Held	BA [ ] BS [ ] ____ _____ (Mo / Yr) MA [ ] MS [ ] ____ _____ (Mo / Yr) Ed.D [ ] Ph.D [ ] ____ _____ (Mo / Yr) Other_____ ____ _____ (Mo / Yr)		
Professional Positions Held (List most recent first)	Description:	From	To
Assessing psychologist's primary language_____ secondary language_____			

Indicate assessing psychologist's self-report of his/her ethnicity (check.)

[ ] Native American	[ ] Cambodian	[ ] Samoan	[ ] Filipino
[ ] Korean	[ ] Laotian	[ ] Guamanian	[ ] Hispanic
[ ] Japanese	[ ] Asian Indian	[ ] Tahitian	[ ] Black
[ ] Chinese	[ ] Other Asian	[ ] Other Pacific Islander	[ ] White
[ ] Vietnamese	[ ] Hawaiian		[ ] Other _____

Student Assessment Report

B. Description of Alternative Assessment Practices Used for this Student

Directions: The field investigator will complete Parts (B) and (C) of this form for each student in the sample by interviewing the assessing psychologist.

Student's Name _____
(Please print) Last First Middle Initial

School _____ Grade _____ District _____

Identify the alternative assessment practices used for this student (Check all that apply).

[ ] Psychological Processing (PP) [ ] Dynamic Assessment (DA)

[ ] Cognitive Curriculum (CC) [ ] Guided Assessment (GA)

[ ] Piagetian Model (PM) [ ] Curriculum-Based Assessment (CBA)

[ ] Achievement-Achievement (AA) [ ] Curriculum-Based Measurement (CBM)

[ ] Other _____

For each alternative assessment checked, explain the specific process and materials used in the assessment. Describe and explain on page 3 the advantages and disadvantages of each assessment compared to standard assessments.

ALTERNATIVE ASSESSMENT	DATE Mo/Day/Yr	DESCRIPTION	MATERIALS

Student's Name _____
(Please print) Last First Middle Initial
B. (Continued)

Assessing Psychologist's Comments on Advantages & Disadvantages of Alternative Assessments

C. Report of Assessing Psychologist's Findings from Alternative Assessment

Directions: Indicate an analysis of the student's problems and recommendations for remediation, based on alternative assessments.

Problem Analysis	Recommendation(s) Based on Alternative Assessment(s)

D. Report of Child Study Team Action Based on Alternative Assessments

Directions: The field investigator will complete Parts (D) and (E) of this form by collecting CST recorded data, reviewing student's files and conducting interviews with appropriate staff members.

CST Action Taken	Date ___ /___/___ Mo Day Yr	Alternative Assessment(s) Used

Student's Name_____
(Please print) Last First Middle Initial

E. Reassessment Report on Standard Methods of Assessment

Note: Scores are reported as standard scores, not grade equivalent scores or percentiles.

Results of **WISC-R** Testing Test Date ___/___/___ (Mo Day Yr)	
Verbal Performance	Full Scale

Results of **Woodcock-Johnson** Testing Test Date ___/___/___ (Mo Day Yr)		
Academic Assessment		
Math	Reading	Written Language

Results of Other Standard Methods of Assessment

Type of Instrument	Test Date: ___/___/___ (Mo Day Yr)	Assessment Results

For office use only:
Date __/__/__
Mo./ Day / Yr.
Code: _ _ _ _ _ _ _ _

Name of School _____

District _____

DATA CATEGORIES FOR TEACHERS AND STAFF

Teacher & Staff Name/Title	Age	Gender	Ethnicity*	Home Language	Type of Certificate and/or Credential Held	Name of Institution Granting Certificate	Total Years of Teaching Experience	Total Years of Teaching Experience in Special Education	Any Other Special Training or Certification	Any Other Staff Positions Held
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										

***Ethnic Categories (Write appropriate category in column provided)**

Native American	Vietnamese	Other Asian	Tahitian	Hispanic
Korean	Cambodian	Hawaiian	Other Pacific	Black
Japanese	Laotian	Samoan	Islander	White
Chinese	Asian Indian	Guamanian	Filipino	Other (specify)

Name of School _____

District _____

DATA CATEGORIES FOR TEACHERS AND STAFF										
Teacher & Staff Name/Title	Age	Gender	Ethnicity*	Home Language	Type of Certificate and/or Credential Held	Name of Institution Granting Certificate	Total Years of Teaching Experience	Total Years of Teaching Experience in Special Education	Any Other Special Training or Certification	Any Other Staff Positions Held
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										

***Ethnic Categories (Write appropriate category in column provided)**

Native American	Vietnamese	Other Asian	Tahitian	Hispanic
Korean	Cambodian	Hawaiian	Other Pacific	Black
Japanese	Laotian	Samoan	Islander	White
Chinese	Asian Indian	Guamanian	Filipino	Other (specify)

For Office Use Only:
Date: __ / __ / __
Mo / Day / Yr.
Code: _____

TEACHER VIEWS OF SCHOOL OPERATIONS AND CLIMATE

The California State Department of Education is interested in (1) teachers' professional orientations, (2) teachers' views of school climate, and (3) teachers' views of the effectiveness of student special education pre-referral options, child study teams, and student assessments. Please complete this survey and return it in the enclosed envelope to CERC, School of Education, University of California, Riverside, CA 92521-0128. **Your responses will be held strictly confidential.**

Name of Teacher _____
(Please print) Last First Middle Initial
Date of Birth ___ / ___ / ___ Age ___ Gender M ___ F___
Mo / Day / Yr
Name of School _____ District _____

Current grade level teaching assignment (circle)	- K - 1 - 2 - 3 - 4 - 5 - 6 -
Years of experience teaching in present grade level including current year (write number)	
Years of experience in present school including this year (write number)	
Years of experience in present district including this year (write number)	
Total years of teaching experience including this year (write number)	
Special training in dealing with problem learners (check one)	☐ None ☐ Some ☐ Extensive

Your ethnicity (check)

___ Native American	___ Vietnamese	___ Hawaiian	___ Filipino
___ Korean	___ Cambodian	___ Samoan	___ Hispanic
___ Japanese	___ Laotian	___ Guamanian	___ Black
___ Chinese	___ Asian Indian	___ Tahitian	___ White
	___ Other Asian	___ Other Pacific Is.	___ Other(specify)____

TEACHER PROFESSIONAL ORIENTATION

What do you believe about (1) effective teaching and (2) providing effective services for at risk students? Using a scale of 1 to 7, circle a number to indicate the extent each activity is:

1 Not Important	2 Of little Importance	3 Somewhat Important	4 Important	5 Quite Important	6 Very Important	7 Critical

Beliefs about Effective Teaching

1. Providing important and useful curricula to students. 1 - 2 - 3 - 4 - 5 - 6 - 7
2. Assisting students to grow intellectually. 1 - 2 - 3 - 4 - 5 - 6 - 7
3. Developing a warm relationship with the class and students. 1 - 2 - 3 - 4 - 5 - 6 - 7
4. Maintaining professional relationships with students. 1 - 2 - 3 - 4 - 5 - 6 - 7
5. Developing a relaxed and informal atmosphere in the classroom. 1 - 2 - 3 - 4 - 5 - 6 - 7
6. Maintaining an orderly and predictable learning environment. 1 - 2 - 3 - 4 - 5 - 6 - 7
7. Getting the most out of students. 1 - 2 - 3 - 4 - 5 - 6 - 7
8. Making students feel comfortable and at ease in school. 1 - 2 - 3 - 4 - 5 - 6 - 7
9. Helping students fit into the class, school, and community. 1 - 2 - 3 - 4 - 5 - 6 - 7
10. Informing students where they stand in the class. 1 - 2 - 3 - 4 - 5 - 6 - 7
11. Providing technically sound instruction. 1 - 2 - 3 - 4 - 5 - 6 - 7
12. Organizing the classroom for learning. 1 - 2 - 3 - 4 - 5 - 6 - 7

1 Not Important	2 Of little Importance	3 Somewhat Important	4 Important	5 Quite Important	6 Very Important	7 Critical

Beliefs about Providing Effective Services for At-Risk Students

13. Keeping at-risk students in regular classrooms and having teachers work with these students. 1 - 2 - 3 - 4 - 5 - 6 - 7

14. Developing school programs outside of the regular classroom for at-risk students and using specialists to provide these programs. 1 - 2 - 3 - 4 - 5 - 6 - 7

15. Developing and providing a special curriculum for at-risk students. 1 - 2 - 3 - 4 - 5 - 6 - 7

16. Assisting at-risk student to adjust socially and develop academically. 1 - 2 - 3 - 4 - 5 - 6 - 7

17. Developing warm and supporting relationsips with at-risk students. 1 - 2 - 3 - 4 - 5 - 6 - 7

18. Dealing with at-risk students in an honest and forthright manner. 1 - 2 - 3 - 4 - 5 - 6 - 7

19. Reducing academic or other pressure on at-risk students. 1 - 2 - 3 - 4 - 5 - 6 - 7

20. Making at-risk students conform to the same classroom and school rules as other students. 1 - 2 - 3 - 4 - 5 - 6 - 7

21. Holding high performance expectations for at-risk students. 1 - 2 - 3 - 4 - 5 - 6 - 7

22. Making at-risk students feel worthwhile. 1 - 2 - 3 - 4 - 5 - 6 - 7

23. Helping at-risk students fit in. 1 - 2 - 3 - 4 - 5 - 6 - 7

24. Giving at-risk students honest feedback. 1 - 2 - 3 - 4 - 5 - 6 - 7

25. Providing specialized instruction for at-risk students. 1 - 2 - 3 - 4 - 5 - 6 - 7

26. Organizing the learning environment in a special way for at-risk students. 1 - 2 - 3 - 4 - 5 - 6 - 7

TEACHER VIEWS OF SCHOOL CLIMATE

How do you feel about your school? Using the following scale, indicate the extent to which you agree or disagree with the following statements by circling the appropriate number for each statement.

1 Strongly Disagree	2 Disagree	3 Tend to Disagree	4 Tend to Agree	5 Agree	6 Strongly Agree

Beliefs about your school

1. New students and faculty members are made to feel welcome and part of the group. 1 - 2 - 3 - 4 - 5 - 6

2. When a problem comes up, this school has procedures for working on it; problems are seen as normal challenges, not as "rocking the boat." 1 - 2 - 3 - 4 - 5 - 6

3. Teachers are encouraged to innovate in their classrooms rather than to conform. 1 - 2 - 3 - 4 - 5 - 6

4. When a student comes along who has special problems, this school works out a plan that helps the student. 1 - 2 - 3 - 4 - 5 - 6

5. Students are encouraged to be creative rather than to conform. 1 - 2 - 3 - 4 - 5 - 6

6. Careful effort is made, when new programs are introduced, to adapt them to the particular needs of this community and school. 1 - 2 - 3 - 4 - 5 - 6

7. There is someone in this school whom I can always count on. 1 - 2 - 3 - 4 - 5 - 6

8. The principal really cares about students. 1 - 2 - 3 - 4 - 5 - 6

9. I think people in this school care about me as a person; they are concerned about more than just how well I perform my role at school (as student, teacher, parent, etc.). 1 - 2 - 3 - 4 - 5 - 6

10. School is a nice place to be because I feel wanted and needed there. 1 - 2 - 3 - 4 - 5 - 6

1 Strongly Disagree	2 Disagree	3 Tend to Disagree	4 Tend to Agree	5 Agree	6 Strongly Agree

11. Most people at this school are kind. 1 - 2 - 3 - 4 - 5 - 6

12. In this school low-achieving students are respected. 1 - 2 - 3 - 4 - 5 - 6

13. Teachers treat students as persons. 1 - 2 - 3 - 4 - 5 - 6

14. Teachers from one subject area or grade level support those from other subject areas or grade levels. 1 - 2 - 3 - 4 - 5 - 6

15. Teachers in this school are proud to be teachers. 1 - 2 - 3 - 4 - 5 - 6

16. Students feel that teachers are "are on their side." 1 - 2 - 3 - 4 - 5 - 6

17. While we don't always agree, we can share our concerns with each other openly. 1 - 2 - 3 - 4 - 5 - 6

18. Students can count on teachers to listen to their side of the story and to be fair. 1 - 2 - 3 - 4 - 5 - 6

19. Teachers trust students to use good judgement. 1 - 2 - 3 - 4 - 5 - 6

20. This school makes students enthusiastic about learning. 1 - 2 - 3 - 4 - 5 - 6

21. Attendance is good; students stay away only for urgent and good reasons. 1 - 2 - 3 - 4 - 5 - 6

22. Important decisions are made in this school by a governing council with representatives from students, faculty, and administration. 1 - 2 - 3 - 4 - 5 - 6

23. Teachers in this school are "out in front," seeking better ways of teaching and learning. 1 - 2 - 3 - 4 - 5 - 6

24. Students feel that the school program is meaningful and relevant to their present and future needs. 1 - 2 - 3 - 4 - 5 - 6

1 Strongly Disagree	2 Disagree	3 Tend to Disagree	4 Tend to Agree	5 Agree	6 Strongly Agree

25. The school supports parental growth. Regular opportunities are provided for parents to be involved in learning activities and in examining new ideas. 1 - 2 - 3 - 4 - 5 - 6

26. Administration and teachers collaborate toward making the school run effectively; there is little administrator-teacher tension. 1 - 2 - 3 - 4 - 5 - 6

27. Differences between individuals and groups (both among faculty and students) are considered to contribute to the richness of the school, not to divisive influences. 1 - 2- 3 - 4 -5 - 6

TEACHER VIEWS OF PRE-REFERRAL SPECIAL EDUCATION OPTIONS

What pre-referral special education options are available in your school? For those available, how involved are you with each of them?
For each pre-referral option listed below, check Y (yes) if present in your school or N (no) if not.
Also, for each option present, circle your level of involvement. 0 (not involved), 1 (moderately involved), or 2 (highly involved).

Special programs within the school	Options available in your school	Level of involvement
1. Gifted/talented program (GT)	☐ Yes ☐ No	0 - 1 - 2
2. Remedial math program (RMP)	☐ Yes ☐ No	0 - 1 - 2
3. Remedial reading program (RRP)	☐ Yes ☐ No	0 - 1 - 2
4. Remedial writing program (RWP)	☐ Yes ☐ No	0 - 1 - 2
5. Resource room instruction (RR)	☐ Yes ☐ No	0 - 1 - 2
6. Social skills training program (SST)	☐ Yes ☐ No	0 - 1 - 2
7. Special needs summer program(SUM)	☐ Yes ☐ No	0 - 1 - 2
8. Students at-risk program (SAR)	☐ Yes ☐ No	0 - 1 - 2
9. Study skills training program (ST)	☐ Yes ☐ No	0 - 1 - 2
10. Survival skills training program (SV)	☐ Yes ☐ No	0 - 1 - 2
11. Chapter I (CH.I)	☐ Yes ☐ No	0 - 1 - 2

For each pre-referral option listed below, check Y (yes) if present in your school or N (no) if not. Also, for each option present, circle your level of involvement. 0 (not involved), 1 (moderately involved), or 2 (highly involved).

School Practices	Options available in your school	Level of involvement
12. Big brother/sister program (BBS)	☐ Yes ☐ No	0 - 1 - 2
13. Crisis intervention team (CIT)	☐ Yes ☐ No	0 - 1 - 2
14. Exclusion from extra curricular activities (XXC)	☐ Yes ☐ No	0 - 1 - 2
15. Grade retention (GR)	☐ Yes ☐ No	0 - 1 - 2
16. In-school student advocate (ISA)	☐ Yes ☐ No	0 - 1 - 2
17. In-school suspension (ISS)	☐ Yes ☐ No	0 - 1 - 2
18. School attendance review board (SARB)	☐ Yes ☐ No	0 - 1 - 2
19. Transfer to another class/teacher (TAC)	☐ Yes ☐ No	0 - 1 - 2

Classroom alternatives within a school

20. Classroom with reduced enrollment (RE)	☐ Yes ☐ No	0 - 1 - 2
21. Flexible schedule (FS)	☐ Yes ☐ No	0 - 1 - 2
22. Full-day kindergarten (FK)	☐ Yes ☐ No	0 - 1 - 2
23. Pre-kindergarten (PK)	☐ Yes ☐ No	0 - 1 - 2
24. Pre-first grade (PF)	☐ Yes ☐ No	0 - 1 - 2
25. Special needs classroom (SNC)	☐ Yes ☐ No	0 - 1 - 2

For each pre-referral option listed below, check Y (yes) if present in your school or N (no) if not. Also, for each option present, circle your level of involvement. 0 (not involved), 1 (moderately involved), or 2 (highly involved).

Classroom practices	Options available in your school	Level of involvement
26. Change of instruction group (CIG)	☐ Yes ☐ No	0 - 1 - 2
27. Exclusion from non-curricular activities (XNC)	☐ Yes ☐ No	0 - 1 - 2
28. Extra assignments (EA)	☐ Yes ☐ No	0 - 1 - 2
29. Extra help outside of class (EHO)	☐ Yes ☐ No	0 - 1 - 2
30. Instruction to sensitize student to special needs of others (ISN)	☐ Yes ☐ NO	0 - 1 - 2
31. Modification of environment (ME)	☐ Yes ☐ No	0 - 1 - 2
32. Peer tutoring (PT)	☐ Yes ☐ No	0 - 1 - 2
33. Reduction of grade (RG)	☐ Yes ☐ No	0 - 1 - 2
34. Student-teacher conferences (STC)	☐ Yes ☐ No	0 - 1 - 2
35. Student-teacher contracts (STC)	☐ Yes ☐ No	0 - 1 - 2
36. Student-teacher-parent contracts (STPC)	☐ Yes ☐ No	0 - 1 - 2
37. Teacher-parent contracts (TPCF)	☐ Yes ☐ No	0 - 1 - 2
38. Team teaching (TT)	☐ Yes ☐ No	0 - 1 - 2
39. Use of paraprofessionals (PAR)	☐ Yes ☐ No	0 - 1 - 2
40. Use of volunteers/student teachers (VOL)	☐ Yes ☐ No	0 - 1 - 2

School Alternatives

41. Transfer to another district (TOD)	☐ Yes ☐ No	0 - 1 - 2
42. Transfer to another school within district (TID)	☐ Yes ☐ No	0 - 1 - 2

For each pre-referral option listed below, check Y (yes) if present in your school or N (no) if not. Also, for each option present, circle your level of involvement. 0 (not involved), 1 (moderately involved), or 2 (highly involved).

Modified instructional practices	Options available in your school	Level of involvement
43. Adapted curricula (AC)	☐ Yes ☐ No	0 - 1 - 2
44. Adapted materials (AM)	☐ Yes ☐ No	0 - 1 - 2
45. Alternative means for demonstrating achievement and/or competency (ADA)	☐ Yes ☐ No	0 - 1 - 2
46. Alternative testing techniques (ATT)	☐ Yes ☐ No	0 - 1 - 2
47. Assessment of and accommodation to student's individual learning style (ILS)	☐ Yes ☐ No	0 - 1 - 2
48. Behavior modification (BMO)	☐ Yes ☐ No	0 - 1 - 2
49. Charting behavior/progress (CB)	☐ Yes ☐ No	0 - 1 - 2
50. Computer-assisted instruction (CAI)	☐ Yes ☐ No	0 - 1 - 2
51. Individual instruction (II)	☐ Yes ☐ No	0 - 1 - 2
52. Multi-sensory approach (MSA)	☐ Yes ☐ No	0 - 1 - 2
53. Opportunities for drill & practice (ODP)	☐ Yes ☐ No	0 - 1 - 2
54. Small group instruction (SGI)	☐ Yes ☐ No	0 - 1 - 2
55. Task analysis (TA)	☐ Yes ☐ No	0 - 1 - 2
56. Use of learning aids (LA)	☐ Yes ☐ No	0 - 1 - 2
57. Use of concrete materials (CM)	☐ Yes ☐ No	0 - 1 - 2
58. Variety of grading systems (VGS)	☐ Yes ☐ No	0 - 1 - 2

Services to students and/or parents

59. Bilingual services/instruction (BIL)	☐ Yes ☐ No	0 - 1 - 2
60. ESL/LEP services/instruction (ESL)	☐ Yes ☐ No	0 - 1 - 2
61. Evaluation/diagnostic services (EDS)	☐ Yes ☐ No	0 - 1 - 2
62. Guidance counseling (GC)	☐ Yes ☐ No	0 - 1 - 2
63. Nursing/health services (NHS)	☐ Yes ☐ No	0 - 1 - 2
64. Interpreter (INT)	☐ Yes ☐ No	0 - 1 - 2
65. Note taker (NT)	☐ Yes ☐ No	0 - 1 - 2

For each pre-referral option listed below, check Y (yes) if present in your school or N (no) if not. Also, for each option present, circle your level of involvement. 0 (not involved), 1 (moderately involved), or 2 (highly involved).

Services to students and/or parents	Options available in your school	Level of involvement
66. Psychological counseling (PC)	☐ Yes ☐ No	0 - 1 - 2
67. Social work counseling (SW)	☐ Yes ☐ No	0 - 1 - 2
68. Speech therapy (SPT)	☐ Yes ☐ No	0 - 1 - 2

Services to teacher

69. Child Study Team services (CST)	☐ Yes ☐ No	0 - 1 - 2
70. Computer services (CS)	☐ Yes ☐ No	0 - 1 - 2
71. Consultation with master teacher (MT)	☐ Yes ☐ No	0 - 1 - 2
72. Consultation with other professionals (CP)	☐ Yes ☐ No	0 - 1 - 2
73. In-service training (IST)	☐ Yes ☐ No	0 - 1 - 2
74. Paraprofessional support (PPS)	☐ Yes ☐ No	0 - 1 - 2
75. Provision for voluntary transfer (PVT)	☐ Yes ☐ No	0 - 1 - 2
76. Referral process for students with learning or behavioral problems (RER)	☐ Yes ☐ No	0 - 1 - 2
77. Student evaluation/diagnostic services (SEDS)	☐ Yes ☐ No	0 - 1 - 2
78. Teacher assistance team (TAT)	☐ Yes ☐ No	0 - 1 - 2
79. Teacher support group (TSG)	☐ Yes ☐ No	0 - 1 - 2
80. Team planning (TP)	☐ Yes ☐ No	0 - 1 - 2
81. Informal teacher support group (ITSG)	☐ Yes ☐ No	0 - 1 - 2

Other interventions

82. Increase grade (IG)	☐ Yes ☐ No	0 - 1 - 2
83.	☐ Yes ☐ No	0 - 1 - 2
84.	☐ Yes ☐ No	0 - 1 - 2
85.	☐ Yes ☐ No	0 - 1 - 2

TEACHER VIEWS OF THE OPERATIONS AND EFFICACY OF PRE-REFERRAL SPECIAL EDUCATION OPTIONS

What do you think about the operations and effectiveness of the pre-referral special education options which you are involved with in your school? Using the following scale, indicate the extent to which you agree or disagree with the following statements by circling the appropriate number for each statement.

1 Strongly Disagree	2 Disagree	3 Tend to Disagree	4 Tend to Agree	5 Agree	6 Strongly Agree

1. The options which are offered work well for teachers and students. 1 - 2 - 3 - 4 - 5 - 6

2. The locations in the school where the options are held are convenient for students and teachers. 1 - 2 - 3 - 4 - 5 - 6

3. The curriculum associated with the options is well-suited to the students and their difficulties. 1 - 2 - 3 - 4 - 5 - 6

4. The instruction provided in the options is appropriate for the students' achievement levels and problems. 1 - 2 - 3 - 4 - 5 - 6

5. Communications between staff providing pre-referral options and classroom teachers is easy and effective. 1 - 2 - 3 - 4 - 5 - 6

6. The options are effective in reaching their goals and objectives with students. 1 - 2 - 3 - 4 - 5 - 6

TEACHER VIEWS OF THE OPERATION OF THE CHILD STUDY TEAM

What do you think about the operations of the Child Study Team in your school? Using the following scale, indicate the extent to which you agree or disagree with the following statements by circling the appropriate number for each statement.

1 Strongly Disagree	2 Disagree	3 Tend to Disagree	4 Tend to Agree	5 Agree	6 Strongly Agree

1. The information used to make recommendations and/or reach decisions for students is complete and accurate. 1 - 2 - 3 - 4 - 5 - 6
2. The amount of time to make recommendations and/or decisions for referred students is about right. 1 - 2 - 3 - 4 - 5 - 6
3. The Child Study Team meetings are held at times which work well with teachers' schedules. 1 - 2 - 3 - 4 - 5 - 6
4. The appropriate staff members participate and are involved in making recommendations and/or decisions on the Child Study Team. 1 - 2 - 3 - 4 - 5 - 6
5. The communications of the Child Study Team with teachers regarding recommendations and/or decisions are effective. 1 - 2 - 3 - 4 - 5 - 6
6. The recommendations are appropriate and useful. 1 - 2 - 3 - 4 - 5 - 6
7. The Child Study Team solicits and values teacher input. 1 - 2 - 3 - 4 - 5 - 6
8. The Child Study Team solicits and values parent and guardian input. 1 - 2 - 3 - 4 - 5 - 6

TEACHER VIEWS OF STUDENT ASSESSMENT PRACTICES

What do you think about the student assessment practices in your school? Using the following scale, indicate the extent to which you agree or disagree with the following statements by circling the appropriate number for each statement.

1 Strongly Disagree	2 Disagree	3 Tend to Disagree	4 Tend to Agree	5 Agree	6 Strongly Agree

1. The communications with teachers about the purpose, time, place, and duration of student assessments are clear and timely. 1 - 2 - 3 - 4 - 5 - 6

2. The times at which assessments are conducted work well with teacher and student schedules. 1 - 2 - 3 - 4 - 5 - 6

3. The place where assessments are conducted is appropriate and convenient for students. 1 - 2 - 3 - 4 - 5 - 6

4. The time it takes to complete full assessments is about right. 1 - 2 - 3 - 4 - 5 - 6

5. The communications with teachers about the results and conclusions of students assessments takes place at the right times and in the right ways. 1 - 2 - 3 - 4 - 5 - 6

6. Student assessments produce new and important information on students. 1 - 2 - 3 - 4 - 5 - 6

7. The information gained in student assessments is useful for classroom teachers. 1 - 2 - 3 - 4 - 5 - 6

8. Student assessments lead to appropriate student placements. 1 - 2 - 3 - 4 - 5 - 6

9. The communications with parents and guardians about the results and conclusions of students assessments takes place at the right times and in the right ways. 1 - 2 - 3 - 4 - 5 - 6

Thank you for completing this survey. **Now, please place it in the enclosed envelope and return it to the office of the California Educational Research Cooperative: CERC, School of Education, University of California, Riverside, CA 92521 - 0128.**

PARENT/GUARDIAN SURVEY

For office use only:

Date: __/__/__
Mo Day Yr

Code: _____

Dear Parent or Guardian: Your answers to the following questions are very important. They will help us learn how all children can benefit from the school program. Please answer all questions fully. Your responses will be kept confidential and **will not become part of the student record.**

Please complete this form immediately. **Then place it in the enclosed addressed envelope, seal it and mail it directly to your student's school as soon as possible. No postage is necessary. Thank you for your assistance.**

1. Child's Name (Please print) _____
   Last First Middle Initial

2. List all the people living in the child's home, beginning with yourself.

Give the person's name, age, date of birth and the person's relationship to the child. For example, the person may be the child's mother, brother, uncle, cousin, nephew, stepfather, foster parent, guardian, and so on. If there is no relationship, write "none". (Please print.)

Name	Age	Date of Birth	Relationship to Child

Does your child have any serious health problems? (check Yes or No)

Yes	No	PROBLEM
		Vision
		Hearing
		Speech
		Frequent Illnesses

Yes	No	PROBLEM
		Frequent Accidents
		Other (please describe)

Check the boxes that best express your answers to the following questions.

	Excellent	Very good	Good	Average	Poor
How good is the regular school program your child is presently enrolled in?	☐	☐	☐	☐	☐
Is your child receiving any special instructional services at this time? ☐ Yes. ☐ No. If yes, how good are they?	☐	☐	☐	☐	☐
How good are the teachers in helping with your child?	☐	☐	☐	☐	☐
How good is the principal in helping with your child?	☐	☐	☐	☐	☐

Check the boxes that best describe your contacts with the school.

About how often has someone in your family contacted the school this year for any of the following reasons?	Never	Once or Twice	A Few Times	Many Times	Were you satisfied with these school contacts?
Participating in school activities?	☐	☐	☐	☐	☐ Yes. ☐ No.
Assisting in the classroom?	☐	☐	☐	☐	☐ Yes. ☐ No.
Dealing with your child's learning problems?	☐	☐	☐	☐	☐ Yes. ☐ No.
Dealing with your child's behavior or discipline problems?	☐	☐	☐	☐	☐ Yes. ☐ No.

AREAS OF DIFFICULTY	At this time, is your child having difficulties in school in any of the areas listed below? Check Yes or No for each area.	Has your child ever repeated a grade? ☐ Yes. ☐ No. ☐ Don't know If yes, check each area of difficulty.
Reading	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Spelling	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Writing	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Arithmetic	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Work Habits	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Health Problems	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Regular Attendance	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Physical Development	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Getting along with Students	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Getting along with Teachers	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Getting along with Principal	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Doing Homework	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Finishing Class Work	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Breaking School Rules	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Following Classroom Rules	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Unfair Treatment by School	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Other (please describe)		

Does your child have any serious problems getting along with the following people? (check Yes or No)

Yes	No	PEOPLE
		Brothers and Sisters
		Classmates
		Other Children

Yes	No	PEOPLE
		Parents
		Teachers
		School Principal
		Other Adults

AREAS	Has your child ever had special testing for any of the difficulties in the listed areas? (check Yes or No for each area)	Has your child ever received special services for difficulties in any of the listed areas? (check Yes or No for each area)
Reading	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Spelling	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Arithmetic	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Work Habits	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Getting Along with Others	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Vision	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Speech	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Hearing	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Physical Development	☐ Yes. ☐ No.	☐ Yes. ☐ No.
Other (please describe)		

How long have you lived at your present address?

Years___ Months___

Do your own or rent your home?

☐ Own ☐ Rent

Please indicate your family's approximate annual income. (Check one.)

☐ $10,000 or Less
☐ $10,001 to $20,000
☐ $20,001 to $30,000
☐ $30,001 to $40,000
☐ $40,001 to $50,000
☐ $50,001 to $60,000
☐ $60,001 to $70,000
☐ $70,001 to $80,000
☐ $80,001 or More

What is the highest grade in school you have completed? (Circle number.)

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19+

What is your present occupation? _____ ☐ I am not employed.

Are you married? ☐ Yes ☐ No (If yes, complete the next two items.)

What is the highest grade in school your **Spouse** has completed? (Circle number.)

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19+

What is your **Spouse's** occupation? _____ ☐ Spouse is not employed.

You have now completed the Parent/Guardian Survey. **Please mail it in the enclosed envelope as soon as possible. Remember, no postage is necessary. Thank you. Your assistance is very much appreciated.**

ENCUESTA DE LOS PADRES O GUARDIANES

For office use only:

Date: __/__/__
Mo Day Yr

Code: _____

Queridos Padres o Guardianes: Sus respuestas al siguiente cuestionario son muy importantes. Nos ayudarán a saber como los niños se pueden beneficiar del programa escolar. Por favor contesten todas las preguntas completamente. Sus respuestas se mantendrán confidenciales, Y **no formarán parte del archivo de su estudiante.**

Favor completar ésta forma ahora mismo. Después inclúyalo en el sobre con el permiso, ciérrelo y deposítela en el correo y envíenlo a:

School of Education, University of California, Riverside CA 92521. No necessitan estampillas.

Gracias por su cooperacion.

1. Nombre del niño_____
   (Favor,escribir en imprenta) Apellido Nombre

2. Hagan una lista de todas las personas viviendo en la casa con el estudiante incluyéndosen ustedes.

Escriban el nombre, la edad, la fecha de nacimiento y la relación de la persona con el niño. Por ejemplo, la madre, el padre, la abuela, el abuelo, hermano/a, el tio/a, el primo/a, el sobrino/a, padrasto o madrasta, y el guardian. Si no es un pariente, escriba "ninguna." (En imprenta.)

Nombre	Edad	Fecha de Nacimiento	Relación con el Estudiante

Tiene el estudiante problemas serios de salud? (Si __ No__)

Si	No	PROBLEMA
		Visión
		Audición
		Expresarse
		Se Enferma Frecuentemente

Si	No	PROBLEMA
		Accidentes Frecuentes
		Otros (explique)

Chequeé los espacios que mejor contesten las preguntas.

En su opinión:	Excelente	Muy Bueno	Bueno	Regular	Pobre
Qué tan bueno es el programa escolar en el que su estudiante esta inscrito?	☐	☐	☐	☐	☐
Recibe su estudiante servicios instrucionales especiales ahora? ☐ Si. ☐ No. Si recibe, qué tan buenos son?	☐	☐	☐	☐	☐
Qué tan buena es la ayuda que su estudiante recibe de los maestros?	☐	☐	☐	☐	☐
Qué tan buena es la ayuda que su estudiante recibe del director de la escuela?	☐	☐	☐	☐	☐

Chequeé los espacios que mejor describen sus contactos con la escuela.

Más o menos cuántas veces alguien en su familia se ha comunicado con la escuela éste año por las siguientes razones?	Nunca	Una o dos veces	Algunas veces	Muchas veces	Quedaron satisfechos con estos contactos?
Para participar en actividades escolares?	☐	☐	☐	☐	☐ Si. ☐ No.
Para ayudar en el salón?	☐	☐	☐	☐	☐ Si. ☐ No.
Concerniente a problemas de aprendizante de su estudiante?	☐	☐	☐	☐	☐ Si. ☐ No.
Concerniente al comportaniento o problemas de disciplina de su estudiante?	☐	☐	☐	☐	☐ Si. ☐ No.

AREAS DE DIFICULTAD	**En éste momento, está su estudiante teniendo dificultades en alguna de las áreas siguientes?** (Chequeé Si or No para cada área.)	**Ha repetido su estudiante algún año?** ☐ Si. ☐ No. (Si responden "Si", chequeé el área de dificultad.)
Lectura	☐ Si. ☐ No.	☐ Si. ☐ No.
Ortografía	☐ Si. ☐ No.	☐ Si. ☐ No.
Escritura	☐ Si. ☐ No.	☐ Si. ☐ No.
Matemáticas	☐ Si. ☐ No.	☐ Si. ☐ No.
Hábitos de trabajos	☐ Si. ☐ No.	☐ Si. ☐ No.
Problemas de salud	☐ Si. ☐ No.	☐ Si. ☐ No.
Asiste a Clase Regularmente	☐ Si. ☐ No.	☐ Si. ☐ No.
Desarrollo Físico	☐ Si. ☐ No.	☐ Si. ☐ No.
Congenia cos otros Estudientes	☐ Si. ☐ No.	☐ Si. ☐ No.
Congenia con los Maestros	☐ Si. ☐ No.	☐ Si. ☐ No.
Congenia con el Director	☐ Si. ☐ No.	☐ Si. ☐ No.
Hace sus Tareas	☐ Si. ☐ No.	☐ Si. ☐ No.
Termina sus Trabajos en Clase	☐ Si. ☐ No.	☐ Si. ☐ No.
Desobedece las Reglas de la Escuela	☐ Si. ☐ No.	☐ Si. ☐ No.
Desobedece las Reglas de la Clase	☐ Si. ☐ No.	☐ Si. ☐ No.
Tratamiento Injusto de la Escuela	☐ Si. ☐ No.	☐ Si. ☐ No.
Otro (por favor explique)		

Tiene su estudiante problemas serios congeniando con las siguientes personas? (Chequeé Si or No.)

Si	No	PERSONAS
		Hermanos or Hermanas
		Compañeros de Clase
		Otros Estudiantes

Si	No	PERSONAS
		Padres
		Maestros
		Director de la Escuela
		Otros Adultos

AREAS	Su estudiante ha sido examinado por tener dificultades especiales en las siguientes area? Chequeé Si o No para cada área.)	Su estudiante ha recibido servicios especiales por dificultades en las siguientes áreas? (Chequeé Si o No para cada área.)
Lectura	☐ Si. ☐ No.	☐ Si. ☐ No.
Ortografía	☐ Si. ☐ No.	☐ Si. ☐ No.
Mathemáticas	☐ Si. ☐ No.	☐ Si. ☐ No.
Hábitos de Trabajo	☐ Si. ☐ No.	☐ Si. ☐ No.
Congenia con Otros	☐ Si. ☐ No.	☐ Si. ☐ No.
Visión	☐ Si. ☐ No.	☐ Si. ☐ No.
Expresarse	☐ Si. ☐ No.	☐ Si. ☐ No.
Audición	☐ Si. ☐ No.	☐ Si. ☐ No.
Desarrollo Físico	☐ Si. ☐ No.	☐ Si. ☐ No.
Otros (favor explicar)		

Cuánto tiempo llevan viviendo en ésta dirección?

Años___ Meses___

Es su casa propia or arrendada?

☐ Propia ☐ Arrendada

Por favor indique cuál es la entrada anual de la familia.(Chequeé uno.)

☐ $10,000 o menos
☐ $10,001 a $20,000
☐ $20,001 a $30,000
☐ $30,001 a $40,000
☐ $40,001 a $50,000
☐ $50,001 a $60,000
☐ $60,001 a $70,000
☐ $70,001 a $80,000
☐ $80,001 o más

Cuántos años de escuela ha usted completado? (Traza un círculo en el número.)

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19+

Cuál es su presente ocupación? _____ ☐ No estoy empleado.

Es casado? ☐ Si ☐ No (Si usted contestó "si", por favor responda las preguntas siguientes.)

Cuántos años de escuela su esposa o esposo ha completado? (Marque con un círculo el número.)

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19+

Cuál es la ocupación de su esposa or esposo? _____ ☐ Esposa o esposo está desempleado

Ahora usted ha terminado nuestro cuestionario. Por favor póngalo en el sobre lo más pronto posible. **Recuerde que no necesita poner estampillas. Gracias. Su ayuda es invaluable.**

Name of School _____

District _____

For office use only:
Date __ / __ / __
Mo./ Day / Yr.
Code: _ _ _ _ _ _ _ _

CHILD STUDY REFERRAL LOG						
STUDENT NAME	GRADE	REFERRING TEACHER	DATE OF REFERRAL	DATE OF CST MEETING	DATE OF RETURN TO CST	FINAL DISPOSITION*
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

***Final disposition**

1. Returned to mainstream teacher
2. Reassigned to another classroom
3. Adjusted environment
4. Provided remedial instructional service
5. Ongoing support service
6. Referred to special education assessment

Name of School _____

District _____

CHILD STUDY REFERRAL LOG						
STUDENT NAME	GRADE	REFERRING TEACHER	DATE OF REFERRAL	DATE OF CST MEETING	DATE OF RETURN TO CST	FINAL DISPOSITION*
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						

***Final disposition**

1. Returned to mainstream teacher
2. Reassigned to another classroom
3. Adjusted environment
4. Provided remedial instructional service
5. Ongoing support service
6. Referred to special education assessment

SITE VISIT OBSERVATION REPORT FORM

For office use only:
Date: __ / __ / __
Mo Day Yr
Code: _____

Name of Student _____
(Please print) Last First Middle Initial

Name of School _____

District _____

(A) Student activities - observe and report

Observation Date: ___ / ___ / ___ (Mo Day Yr)	Start time: __ : __ (Hr Min)	End time: __ : __ (Hr Min)
CLASSROOM ACTIVITY	DESCRIPTION	REMARKS
Scheduled instructional activity		
Specific subject area content		
Learning activity in progress		
Special instructional treatment for student		
Level of engagement (high/medium/ low)		
Classroom seating arrangement & location of student		

(A) Student activities - observe and report

CLASSROOM ACTIVITY	DESCRIPTION	REMARKS
Student-teacher interaction (character of activity)		
Problematic student behavior		
Transition times		
Other		

(B) Child Study Team activities - observe and report

Observation Date: ___ / ___ / ___ (Mo Day Yr)	Start time: _ _ : _ _ (Hr Min)	End time: _ _ : _ _ (Hr Min)
ACTIVITY	DESCRIPTION	REMARKS
Location of meeting		
Scheduled time of meeting	From: To:	
CST team members present (Name & Title)	Name Title 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____	Characteristics and tone of each member's CST participation

(B) Child Study Team activities - observe and report		
ACTIVITY	DESCRIPTION	REMARKS
Others present		
Who is the coordinator of CST meetings?		
Use of assessment data	1. Formal 2. Informal	
How many prior CST meetings were held for this student		

(C) School staff activities (other than student's classroom teacher) - observe and report

Observation Date: ___ / ___ / ___ (Mo Day Yr)	Start time: _ _ : _ _ (Hr Min)	End time: _ _ : _ _ (Hr Min)
ACTIVITY	DESCRIPTION	REMARKS
Staff- student		
Staff- CST members		
Staff-Parents		
Staff-Other		

(D) Parental activities - observe and report

Observations Date: _ _ / _ _ / _ _ (Mo Day Yr)	Start time: _ _ : _ _ (Hr Min)	End time: _ _ : _ _ (Hr Min)
ACTIVITY	DESCRIPTION	REMARKS
Parent/ Guardian attendance at CST		
Evidence of pre-meeting preparation		
Nature of parent participation in decision process		
Recommended parental action		

(E) Student's current status in the pre-referral process - check the appropriate box

Current status of sampled student	
☐	Student has been returned to the mainstream teacher
☐	Student has been assigned to another classroom
☐	Student has been provided with an adjusted environment
☐	Student has been provided with remedial instruction services
☐	Student has been provided with ongoing support services
☐	Student has been recommended for special education assessment and possible placement

TEACHER INTERVIEW PROTOCOL FORM

For Office Use Only:

Date __ / __ / __
Mo./ Day/ Yr.
Code:_ _ _ _ _ _ _ _

Directions: Responses to the following questions, as well as any other information obtained during the interview, should be transcribed from field notes and from audio cassette tapes by the field investigator. The purpose of this form is to guide the interview process and should not be considered a complete list of questions.

Verbal permission to tape the interview must be obtained from the interviewee.

Date_____Time __ : ___ to___ : ___ Location _____

Name of Investigator _____
(Please print) Last First Middle Initial

Name of School _____ District _____

Name of Teacher _____
Last First Middle Initial

Name of Student _____
Last First Middle Initial

Questions About the Teacher

1. Please tell me about your classroom.

2. Please tell me about your philosophy of teaching.

Questions About the Student

3. Please tell me about this student.

4. How long have you known this student?

5. How would you describe this student's strengths?

6. In what areas does this student need to improve?

7. In general, do you think this student is happy with his or her schooling?

Questions About the Student's Problems

8. Do you believe this student has problems with school that are having negative effects on his or her learning? If yes, please describe the problems.

9. Do you believe this student has problems outside of school that are having a negative effects on his or her schoolwork? If yes, please describe the problems.

Questions About the Help the Student is Receiving from School

10. Tell me about the school principal.

11. Tell me about the school staff.

12. Do you believe the school staff has helped the student with his or her problems? Please explain who helped the student and who did not help the student, and give specific examples, if possible.

Questions About the Help the Student is Receiving from Family

13. Tell me about this student's family.

14. Do you believe the student's parents and family have helped the student with his or her school problems? Please explain who helped the student and who did not help the student, and give specific examples, if possible.

15. Do you believe the help the student has received from home has been effective? Please describe how this help has or has not been effective.

Teacher's Assessment of Student's Situation

16. Tell me about the help this student is receiving.

17. Do you believe the help the student has received has been effective? Please describe how this help has or has not been effective.

18. What suggestions would you make for helping this student in the future?

Other

19. Is there anything I did not ask you that you want to tell me?

20. Is there anything you would like to ask me?

Field Investigator's Comments: Record any events, interruptions or other stray occurrences that seem to be relevant to the interview. Record your subjective comments about this interview.

PRINCIPAL INTERVIEW PROTOCOL FORM

For Office Use Only:
Date __ / __ / __
Mo. / Day/ Yr.
Code: _ _ _ _ _ _ _ _

Directions: Responses to the following questions, as well as any other information obtained during the interview, should be transcribed from field notes and from audio cassette tapes by the field investigator. The purpose of this form is to guide the interview process and should not be considered a complete list of questions.

Verbal permission to tape the interview must be obtained from the interviewee.

Date_____Time __ : ___ to___ : ___ Location _____

Name of Investigator _____
(Please print) Last First Middle Initial

Name of School _____ District _____

Name of Principal _____
Last First Middle Initial

Name of Student _____
Last First Middle Initial

Questions About the Principal

1. Please tell me about your school.

2. Please tell me about your philosophy of education.

Questions About the Student

3. Please tell me about this student.

4. How long have you known this student?

5. How would you describe this student's strengths?

6. In what areas does this student need to improve?

7. In general, do you think this student is happy with his or her schooling?

Questions About the Student's Problems

8. Do you believe this student has problems with school that are having negative effects on his or her learning? If yes, please describe the problems.

9. Do you believe this student has problems outside of school that are having a negative effects on his or her schoolwork? If yes, please describe the problems.

Questions About the Help the Student is Receiving from School

10. Tell me about this student's teacher.

11. Tell me about the school staff.

12. Do you believe the school staff has helped the student with his or her problems? Please explain who helped the student and who did not help the student, and give specific examples, if possible.

Questions About the Help the Student is Receiving from Family

13. Tell me about this student's family.

14. Do you believe the student's parents and family have helped the student with his or her school problems? Please explain who helped the student and who did not help the student, and give specific examples, if possible.

15. Do you believe the help the student has received from home has been effective? Please describe how this help has or has not been effective.

Principal's Assessment of Student's Situation

16. Tell me about the help this student is receiving.

17. Do you believe the help the student has received has been effective? Please describe how this help has or has not been effective.

18. What suggestions would you make for helping this student in the future?

Other

19. Is there anything I did not ask you that you want to tell me?

20. Is there anything you would like to ask me?

Field Investigator's Comments: Record any events, interruptions or other stray occurrences that seem to be relevant to the interview. Record your subjective comments about this interview.

PARENT/GUARDIAN PROTOCOL FORM

For Office Use Only:
Date __ / __ / __
Mo. / Day/ Yr.
Code: _ _ _ _ _ _ _ _

Directions: Responses to the following questions, as well as any other information obtained during the interview, should be transcribed from field notes and from audio cassette tapes by the field investigator. The purpose of this form is to guide the interview process, and should not be considered a complete list of questions.

Verbal permission to tape the interview must be obtained from the interviewee.

Date_____Time __ : ___ to___ : ___ Location _____

Name of Investigator _____
(Please print) Last First Middle Initial

Name of School _____ District _____

Name of Parent/Guardian _____
Last First Middle Initial

Name of Student _____
Last First Middle Initial

Questions About Parent(s)/Guardian(s)

1. Please tell me about your family.

2. Please tell me about what you expect your child will learn from school.

Questions About the Student

3. Please tell me about your child.

4. How would you describe your relationship with your child?

5. How would you describe your child's strengths?

6. In what areas does your child need to improve?

7. In general, do you think your child is happy with his or her schooling?

Questions About the Student's Problems

8. Do you believe that your child has problems with school that are having negative effects on his or her learning? If yes, please describe the problems.

9. Do you believe that your child has problems outside of school that are having a negative effects on his or her schoolwork? If yes, please describe the problems.

Questions About the Help the Student is Receiving from School

10. Tell me about your child's teacher.

11. Tell me about the school principal.

12. Tell me about the school staff.

13. Do you believe the school staff has helped your child with his or her problems? Please explain who helped your child and who did not help your child, and give specific examples, if possible.

Questions About the Help the Student is Receiving from Family

14. Do you believe you and your family have helped your child with his or her school problems? Please explain who helped the student and who did not help the student, and give specific examples, if possible.

15. Do you believe the help your child has received from home has been effective? Please describe how this help has or has not been effective.

Parent's Assessment of Student's Situation

16. Tell me about the help your child is receiving.

17. Do you believe the help your child has received has been effective? Please describe how this help has or has not been effective.

18. What suggestions would you make for helping your child in the future?

Other

19. Is there anything I did not ask you that you want to tell me?

20. Is there anything you would like to ask me?

Field Investigator's Comments: Record any events, interruptions or other stray occurrences that seem to be relevant to the interview. Record your subjective comments about this interview.

APPENDIX A

VARIABLES BY FORMS/INSTRUMENTS MATRIX*

* Data that yield strictly repetitive information on sample subjects, such as age, ethnicity, gender, etc., are accounted for only once in this matrix.

VARIABLES	FACTORS	SOURCE OF DATA	DATA	INSTRUMENT & ITEMS	TOTAL ITEMS
1 *Problem etiology and diagnosis*	Student's academic & behavioral problems and health/physical characteristics	Standardized tests, Teachers, Parent/Guardian, Psychologist, Field investigators	Previous referral, Retention status, Test results, Concerns & level of concern, Services received	C2 - 18 C3 - 3 D3 - 7 E2 - 10 E3 - 21	59
2 *Family and demographic characteristics*	Student/Parent/ Guardian characteristics, Parents' school participation & support	Parent/Guardian, School records, Administrators, Teachers	SES, Occupation, Education, Ethnicity, Language, Gender, Age, Level of involvement, Perceived effectiveness, Affective attitudes	C2 - 5 D3 - 19 E2 - 4 E3 - 9	37
3 *Professional ideology*	Professional ideology	Administrators, Teachers	Professional orientation	D2 - 4 E3 - 3	7

VARIABLES	FACTORS	SOURCE OF DATA	DATA	INSTRUMENT & ITEMS	TOTAL ITEMS
4 *Staff training and experience*	Staff characteristics	Administrators, Teachers, Psychologist, Field Investigators, CBEDS	Credentials, Experience, Ethnicity, Language, Salary, Age, Gender	C3 - 9 D1 - 11 D2 - 3 E3 - 15	38
5 *School climate and culture*	School climate	Administrators, Teachers, Parents	Affective attitudes, Effectiveness	C2 - 9 D2 - 1 D3 - 7 E2 - 4 E3 - 3	24
6 *School organization*	School characteristics	CA State Department of Education, Administrators, CBEDS, CAP, School records	School program design/ organization, Service availability, Enrollment, SES, Test scores, Time lag in convening CST	C2 - 2 D3 - 2 E1 - 1 E2 - 1	6
7 *School program design*	Alternative assessment	Administrators, Psychologist, Teachers	Alternative assessment program categories, Recommendations	C3 - 4 D2 - 1	5

VARIABLES	FACTORS	SOURCE OF DATA	DATA	INSTRUMENT & ITMES	TOTAL ITEMS
8 *Service availability*	Pre-referral options, Interventions, CST program operation efficiency, Sp. Ed. referral	Administrators, Teachers, Parent/Guardian, Psychologist, Field investigators	Availability, Operations, Efficacy, CST participants, Recommended action, Status	C2 -11 D2 - 11 D3 - 1 E1 - 1 E2 - 8	32

SUMMARY OF VARIABLES BY FORMS/INSTRUMENTS MATRIX

VARIABLES	FORMS/INSTRUMENTS										
	#	B1**	C2	C3	D1	D2	D3	E1	E2	E3	TOTAL
	1		18	3	*	*	7	*	10	21	59
	2		5	*	*	*	19	*	4	9	37
	3		*	*	*	4	*	*	*	3	7
	4		*	9	11	3	*	*	*	15	38
	5		9	*	*	1	7	*	4	3	24
	6		2	*	*	*	2	1	1	*	6
	7		*	4	*	1	*	*	*	*	5
	8		11	*	*	11	1	1	8	*	32

** California State Department of Education will furnish details with respect to this form.

APPENDIX B

HYPOTHESES MATRIX

Hypothesis	Ind. Var.	Dep. Var.	Inst.	Analysis
1	Academic, Behavioral	Time lag in processing and sp. Ed. referral	Ind.C2,D3 Dep.E1,E2	Multiple,Logistic Regression, & Discriminant analysis
2	Ethnicity, Language,	Learning difficulties, Ref. to Sp. Ed.	Ind.C2, Dep.C2, D3, & E2	Canonical correlation, MANOVA, & Logistic Reg.
3	Ethnicity, Language, Learning problems	Six service modifications	Ind.C2,D2 Dep.E2	Discriminant functional analysis
4	Professional Ideology	# of CST referral, Types of Lg.Problems	Ind.D2 Dep.C2,E1	Linear Regression, Discriminant analysis
5	School Climate	Types of learning problem, Sp. Ed. Referral	Ind.D2 Dep.C2, E1, & E2	Discriminant functional analysis, Logistic Regression
6	Prof. Ideology	# of CST Ref. Ref. Sp. Ed.	Ind. D2 Dep.E1,E2	Discriminant analysis, Logistic Regression
7	CBEDS & SES	# of CST Ref. # of Sp. Ed. Ref.	Ind.D1 Dep.E1,E2	ANOVA
8	Experience & training of Staff	# of interventions # of service modifications	Ind.C3,D1 Dep.D2,E2	Multiple Regression
9	Parent participation	Ref. to Sp. Ed.	Ind.D3 Dep.E2	Logistic Regression
10	Parent perception of school effectiveness	Ref. to Sp. Ed.	Ind.D3 Dep.E2	Logistic Regression